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requiring a surgical bed. In post-discharge cases (n=56) the mean reduction in length of stay was 2.76 days, saving 52.5 days. There is an estimated saving of £18 600 by prevented admissions, and £15 750 in reduced LOS. The Hot Clinic is zero cost, therefore saving in total £34 350.
Conclusion: The Hot Clinic provides patient centered care by streamlining clinical assessment and management of ambulatory general surgical patients. It has been demonstrated that the Hot Clinic prevents unnecessary admissions and saves money.

0744: DECISION TO INCISION: A QUALITY IMPROVEMENT STUDY

A. Shaw [1,*], K. Toe [2], K. Chin [2]. [1] *Croydon University Hospital, UK;* [2] *Milton Keynes Hospital, UK*

Aim: There are no current guidelines on recommended time interval between decision for operation and time of incision. A local quality improvement study was performed in a district general hospital to assess timings from decision-to-incision in order to identify if there are any issues in this process.
Methods: A retrospective study of the timings of all general surgical emergency operations covering a one-month period was carried out. Three aspects were assessed; decision-to-incision (time from decision for surgery to knife-to-skin), decision-to-booking (time from decision for surgery to booking), and booking-to-incision (time from booking to knife-to-skin)
Results: 61 patients identified.
Decision-to-incision (n = 34) demonstrated average (mean) time of 564 minutes (9.4 hours). Decision-to-booking (n = 29) showed an average time of 200 minutes (3.3 hours). Booking-to-incision (n = 46) found an average time of 367.7 minutes (6.1 hours).
Conclusion: The main area of delay identified was the time between booking and time of incision. Only 69.5% of patients are operated on within six hours of booking.
As a result of this study, areas for improvement have been highlighted in promoting improved documentation, education within surgical teams, faster booking once decision for theatre has been made, and improved communication within the multidisciplinary team.

0812: AUGMENTING THE DECISION MAKING PROCESS IN ACUTE APPENDICITIS

M. Abdelhalim[*], J. Stuart, G. Nicholson. *Western Infirmary Glasgow, UK*

Aim: We investigated the use of blood markers (WCC, CRP and serum bilirubin) and diagnostic imaging (USS and CT scan) in the diagnosis of acute appendicitis.
Methods: This was a retrospective analysis of consecutive patients undergoing appendicectomy in seven hospitals within GG&C Health Board during a 6 month study period. Data were collected from electronic patient records. Sensitivity and specificity of each investigation for diagnosing acute appendicitis was calculated.
Results: 363 patients were included. Diagnostic imaging was used in 38% of cases. The negative appendicectomy rate was 18% when no imaging was used, 23% when USS was used and 1% when CT scanning was used. Elevated bilirubin had a sensitivity of 0.44 and a specificity of 0.84 for detecting acute appendicitis. Sensitivity and specificity for elevated WCC were 0.78 and 0.55, and for elevated CRP were 0.81 and 0.59, respectively. The specificity of bilirubin for diagnosing perforated appendicitis was 0.63.
Conclusion: WCC and CRP were sensitive blood markers in acute appendicitis. However, serum bilirubin was more specific and so has utility in diagnosing acute appendicitis. Diagnostic imaging with a CT scan was very effective at reducing the rate of negative appendicectomy, whereas with USS it was not.

0813: OUTCOMES AFTER OPERATIVE INTERVENTION FOR CLAVICULAR FRACTURE

J. Mullan, J. Martin[*], S. Zachariah. *Royal Victoria Hospital, UK*

Aim: Surgical fixation of clavicle fractures remains a disputed topic in orthopaedic surgery. Many surgeons advocate early intervention with open reduction and internal fixation (ORIF), as it is thought that long-term complications such as non-union, malunion and neurovascular compromise are reduced. We were keen to assess outcomes for patients undergoing ORIF for clavicle fractures in Northern Ireland.
Methods: This study reviewed all adult patients undergoing clavicular ORIF between 2008 and 2012 in the Royal Victoria Hospital in Northern Ireland. Patient were classified according to fracture location and divided into acute (<4/52) and delayed fixation (>4/52). Post-operative complications, which included neurovascular compromise, metalwork failure and persistent non- or mal-union, were recorded.
Results: Following exclusions, 72 patients were identified for the study. 72% (52) patients sustained a mid-shaft fracture and 28% (20) sustained a lateral fracture. 50 patients underwent fixation in the acute phase with. 84% having undergone fracture fixation in the acute phase following injury reported no complications. Of the 22 delayed phase patients, 68% (15/22) underwent surgery due to non-union of the fracture.
Conclusion: Open reduction and internal fixation of clavicle fractures in the acute phase of injury does appear to reduce long-term complications in comparison to those undergoing delayed fixation.

0832: CHANGING TRENDS IN DIAGNOSIS AND MANAGEMENT OF APPENDICITIS: A 9-YEAR STUDY

E. Williams, A. Griffiths, T. Visser, M. Shinkwin[*], A. Woodward, A. Rasheed. *Royal Gwent Hospital, UK*

Aim: Appendicitis is the most common cause of the acute abdomen and is often a diagnostic challenge, traditionally considered to be a clinical diagnosis. This study analysed the use of laparoscopy in suspected appendicitis with particular emphasis on the negative appendicectomy rate compared to open appendicectomy.
Methods: A retrospective analysis was performed of all appendicectomies undertaken in one Health Board over a nine-year period. Data were obtained from the theatre and pathology records to assess type of surgery performed as well as for histology specimens.
Results: Complete data were obtained on 1435 patients who underwent appendicectomy during the 9-year period (820 open and 615 laparoscopic). 454 laparoscopic cases were in the last three years. There was a significantly higher rate of histologically normal appendix in the open group compared to the laparoscopic group, $p<0.001$. In the group with a macroscopically normal appendix the incidence of microscopic appendicitis was 27.4%. A further 69 cases of other pathologies were identified on histological examination.
Conclusion: The increased use of laparoscopy is associated with a reduction in the negative appendicectomy rate. This study provides evidence that a macroscopically normal appendix should be removed due to a high incidence of microscopic appendicitis or other pathology.

0859: AN AUDIT OF ACUTE GENERAL SURGICAL ADMISSION DOCUMENTATION

S. Zainudin[*], D. Black, P. Mekhail, M. Kumar. *Aberdeen Royal Infirmary, Aberdeen, UK*

Aim: The admission clerking document is an important record of a patient's initial assessment. If the quality of admission clerking is substandard, this can have a negative impact on patient care. The aim of this study was to audit the quality of surgical patient clerking documentation in a single tertiary referral centre.
Methods: The CRABEL Score [2] and the Royal College of Physicians guidance on admission documentation [3] were used to create a scoring system for 20 aspects essential to an acute surgical admission clerking. The casenotes of 20 emergency admission patients were scored retrospectively. An acute surgical admission proforma was subsequently designed and implemented following presentation at the clinical governance meeting. The casenotes of 20 emergency admissions were then scored prospectively and compared to cycle one.
Results: Between the first and second round, there were significant improvements across 13 of the 20 measured aspects. Documentation of